

## CalFresh Outreach Activity Log

(Prescreen/App. Assist./QR7/SAR/Follow-up/Recertification)



FFY: \_\_\_\_\_ City (Optional): \_\_\_\_\_

	Confidential Information*			Enter Date for Each Service Provided						Demographic Data if Available		Date Submitted: Enter All Methods That Apply			Tracking Number
#	County Service Provided	Client First Name, Last Initial	Phone Number (Optional)	Pre-screen Date	App. Assist. Date	QR7 Date	Semi-Annual Date	Annual Recert. Date	F/U Date	Age 60 or Over	Disability Present	Mail	In Person	Online	CWD Ref. No.
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
<b>TOTALS</b>															

\*IDENTIFYING INFORMATION COLLECTED ON THIS FORM IS CONFIDENTIAL AND PRIVACY PROTECTION IS REQUIRED.

Outreach Worker Signature

Date

Agency